

Name
in
Full

Ethel May Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband				Father's Birthplace	Calvert Co
Father's Name	John T Allen			Mother's Birthplace	St Maries Md	
Mother's Maiden Name	Mary E Riggell			How related to deceased	Mother	
Name of person giving information	Mary E Allen					

CAUSES OF DEATH

(8)

Primary	Whooping Cough	How long	About 4 weeks
Immediate	Paroxysms	How long	16 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. F. Chambers MD
		Address	Lusby, Calvert Co Md
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Brown

Town

County

CERTIFICATE OF DEATH

Died at

Date
of death

1907

Month

Sept.

Day

15

Years

65

Months

—

Days

MARYLAND

Sex

Female

Color or
Race

Negro

Birth-
place

Plum Pt. Md.

Occupation

Housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Samuel Brown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Howard Brown

How related
to deceased

Son

CAUSES OF DEATH

79

Primary

Chronic Mitral Regurgitation 5 years.

How long

Immediate

Cardiac dyspnoea 24 hours.

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

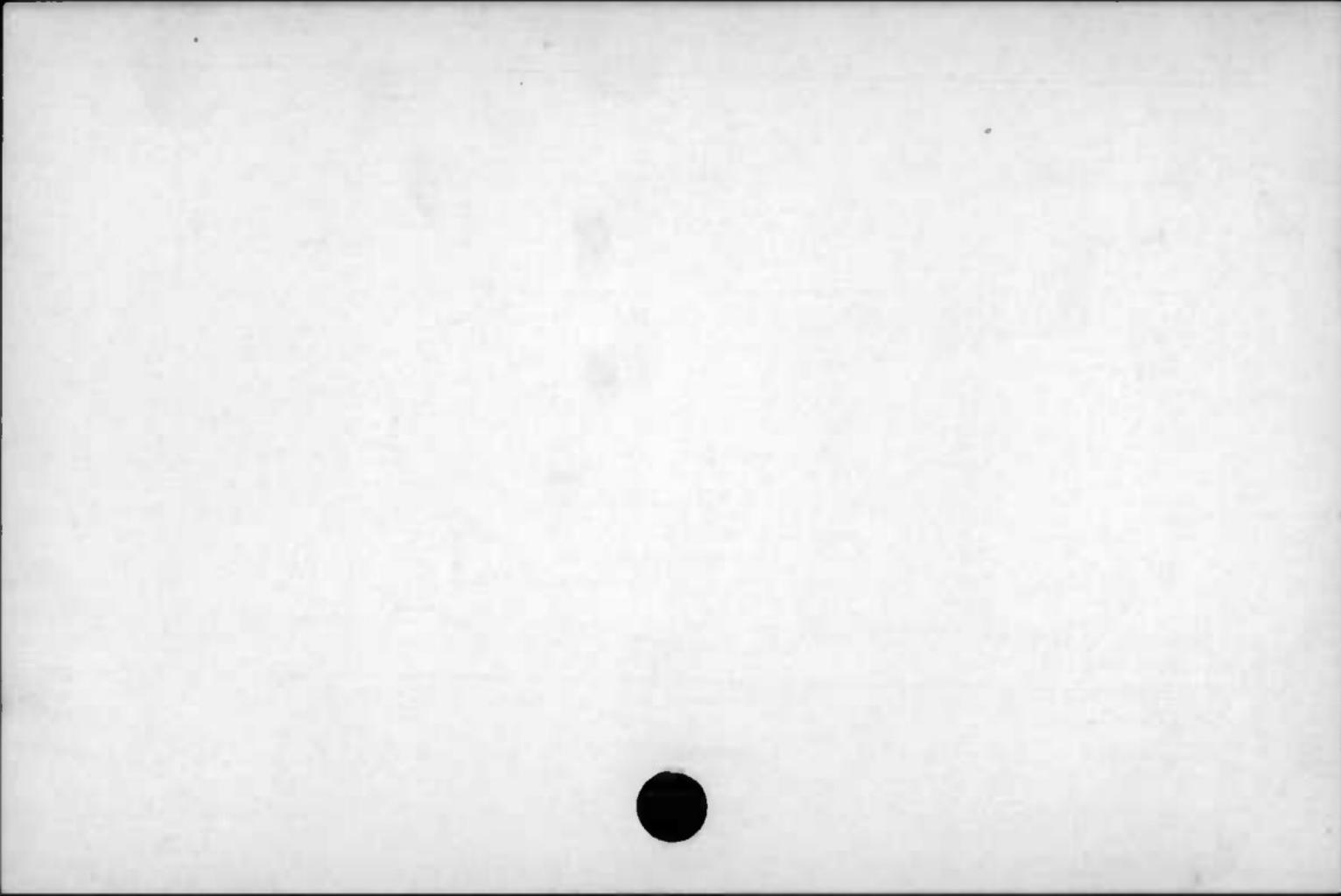
J. H. Falbott

's

Address

Chesapeake Beach
Maryland

Accident or Suicide?



Name
in
Full

Inessa Ruth Carroll

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Sept	29	—	3	15
Sex	Color or Race	Birth-place			
Female	White	Calvert Co			
Occupation	Where Residing if not et place of death				
Married, Single or Widowed	Name of Wife or Husband				
Singl	—				
Father's Name	James R. Carroll				
Mother's Maiden Name	Ella M. Culumber				
Name of person giving Information	Ella M. Carroll				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	(8)	How long
Immediate	Diarrhea	6 weeks	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. J. Chambers MD
		Address	Lusby, Calvert Co MD
Accident or Suicide?			

Q 7 5



Name
in
Full

Margaret Elizabeth Cusick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

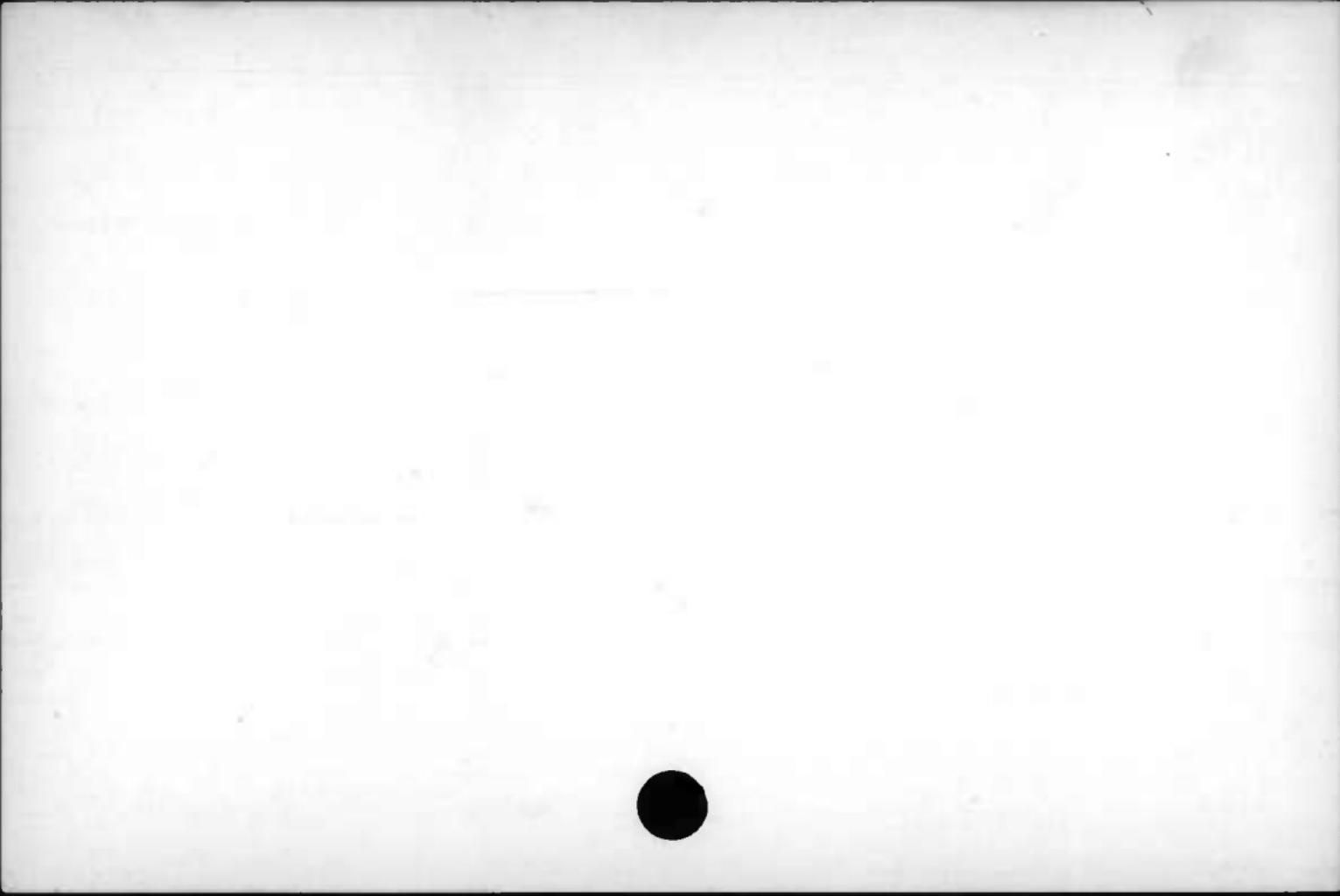
Died at <i>Baltimore</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month <i>Sept</i>	Day <i>9</i>	Age	Years —	Months <i>5</i>	Days <i>10</i>	
Sex <i>Female</i>	Color or Race <i>white</i>			Birthplace <i>Baltimore</i>			
Occupation <i>—</i>			Where residing if not at place of death <i>—</i>				

Married, Single or Widowed	Name of Wife or Husband <i>Henry J. Cusick</i>	Father's Name <i>Henry J. Cusick</i>	Father's Birthplace <i>Sh. Mary Co</i>
Mother's Maiden Name <i>Aurie E. Pitcher</i>		Mother's Birthplace <i>Baltimore Co</i>	
Name of person giving Information <i>Henry Cusick</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

105

Primary	Ilosides Chronic	How long 4 mos
Immediate	Malaria	How long 1 mo
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. King</i>
		Address <i>Barstow Md.</i>
Accident or Suicide? <input checked="" type="checkbox"/>		



Name
in
Full

Winnie Belle Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Solomons			County	Calvert.		
Died at	Month	Day	Years	Months	Days	MARYLAND	
Date of death 1907	September	28	Age	—	—	17	
Sex Female	Color or Race	white	Birth-place	Solomons.			
Occupation Infant.	Where Residing if not at place of death			—			
Married, Single or Widowed	Name of Wife or Husband			—			
Father's Name	William Henry Elliott			Father's Birthplace	Solomons, Md		
Mother's Maiden Name	Winnie Belle Elliott			Mother's Birthplace	Solomons, Md		
Name of person giving information	D.H. Elliott			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

105

How long

Immediate Enteritis

How long

7 days.

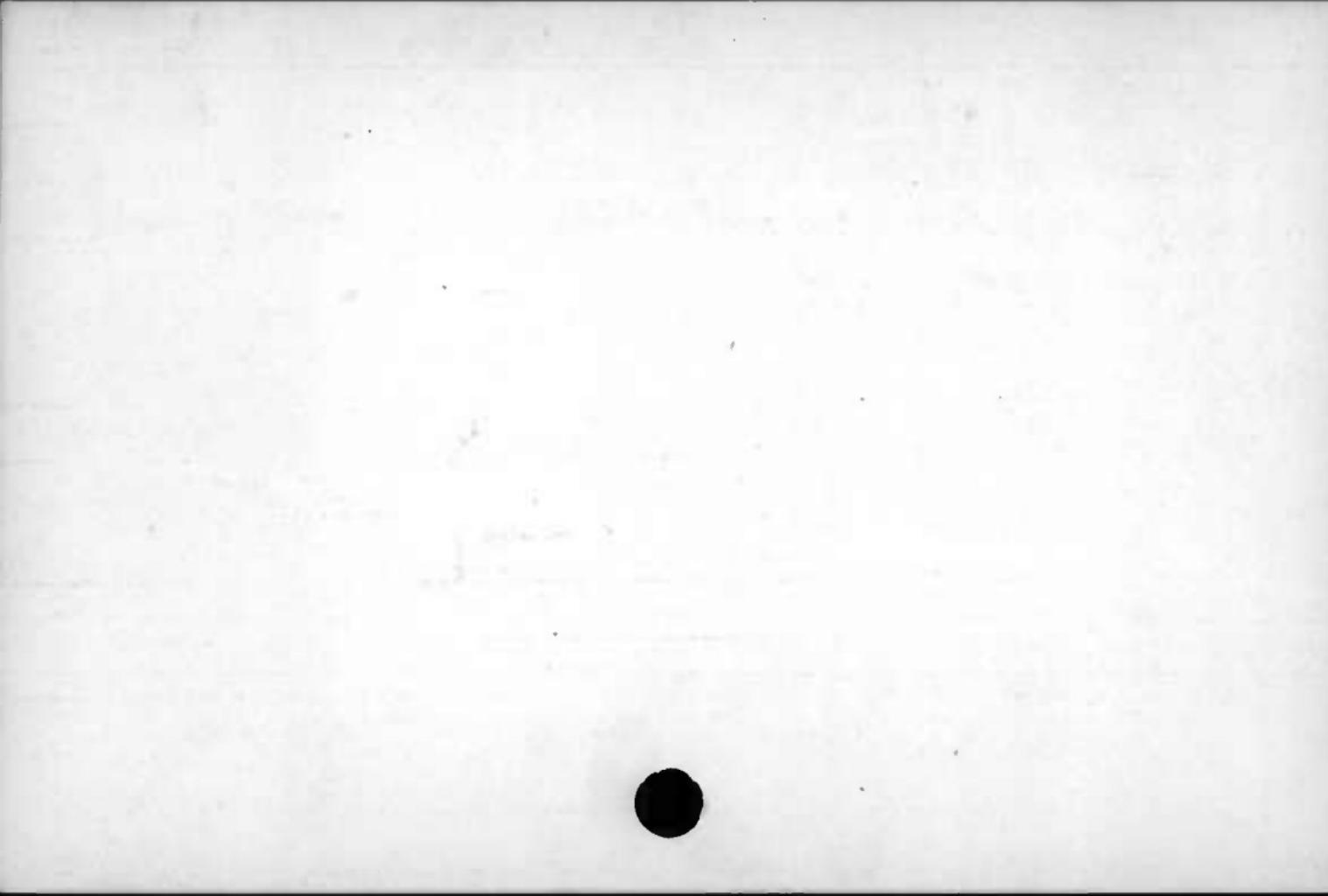
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W.S. Knatch,
Solomons,
Md.

Accident or Suicide?



Name
in
Full

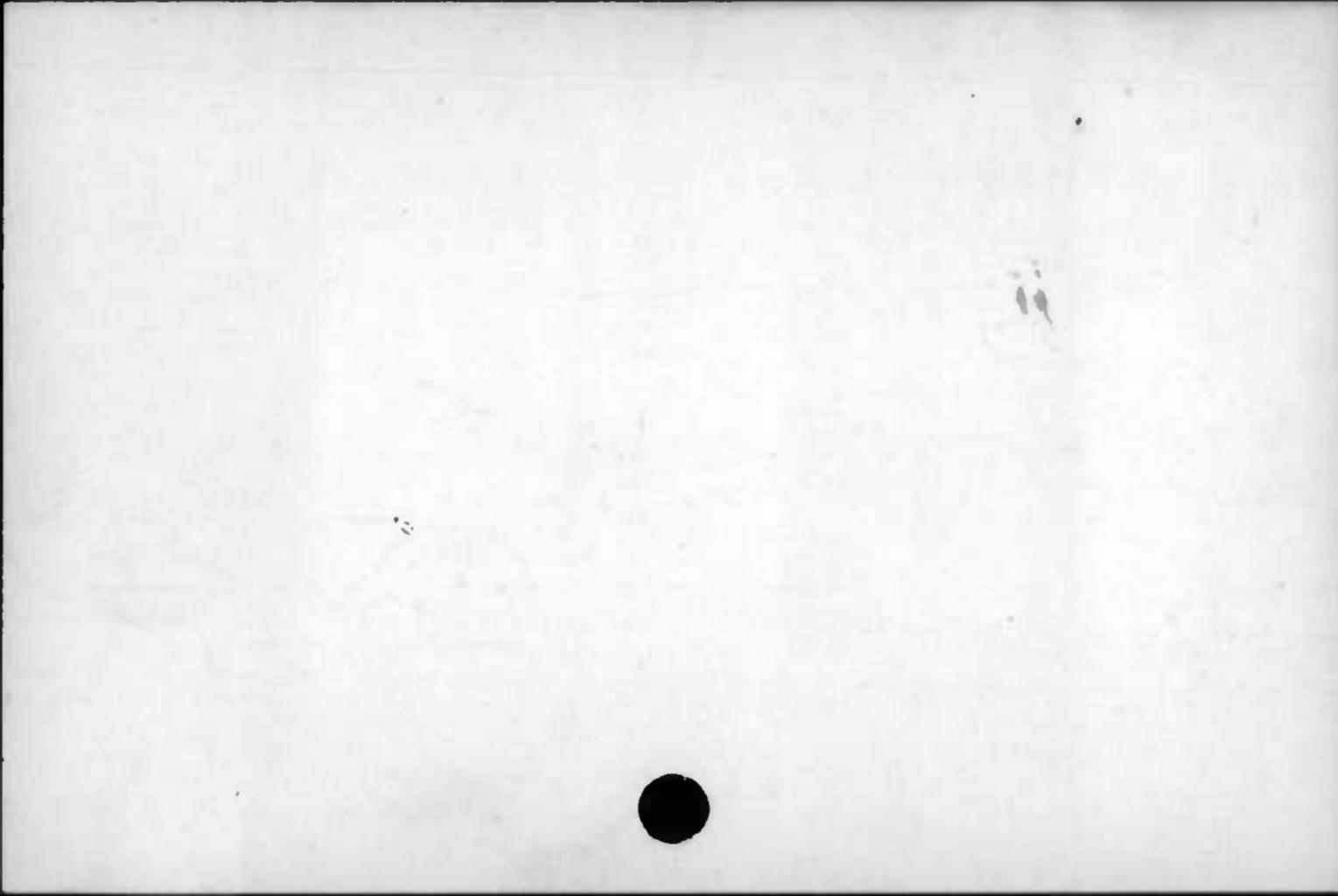
TO BE ANSWERED BY NEAREST FRIEND	Winnie Belle Elliott				CERTIFICATE OF DEATH		
	Died at Solomons		Town County Calvert		MARYLAND		
	Date of death 1907	Month Sept.	Day 11	Years 21	Months 5	Days 18	
	Sex Female	Color or Race White	Birth-place Solomons, Md				
	Occupation Housewife	Where Residing if not at place of death					
	Married, Single or Widowed Married	Name of Wife or Husband William Henry Elliott.					
	Father's Name Thomas J. Oliver	Father's Birthplace Northumberland Co., Va.					
	Mother's Maiden Name Eliza Francis Stevens Anna Abigail Shore	Mother's Birthplace Somerset Co., Md.					
	Name of person giving information Elizabeth Wallace	How related to deceased Sister.					

CAUSES OF DEATH

(138)

PHYSICIAN
OR CORONER

Primary	Child birth	
Immediate	Puerperal Convulsions	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician W.H. March.
		Address Solomons
Accident or Suicide?		



Name
in
Full

Margaret Hooper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	Sept	12	Age	7		
Sex	Female	Color or Race	white	Birth-place	Cal. Lao.	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Jack Hooper		Father's Birthplace	Cal. Lao.		
Mother's Maiden Name	Minnie Anchorage		Mother's Birthplace	" "		
Name of person giving information	Wilton Coeffman		How related to deceased	uncle		

CAUSES OF DEATH

105

How long

How long

Primary

Improper feeding

Immediate

Dyspeptic Diarrhoea

1 wk

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J.W. Fitch
Huntington,
Md.

Accident or Suicide?



Name
in
Full

Nellie Johnson

CERTIFICATE OF DEATH

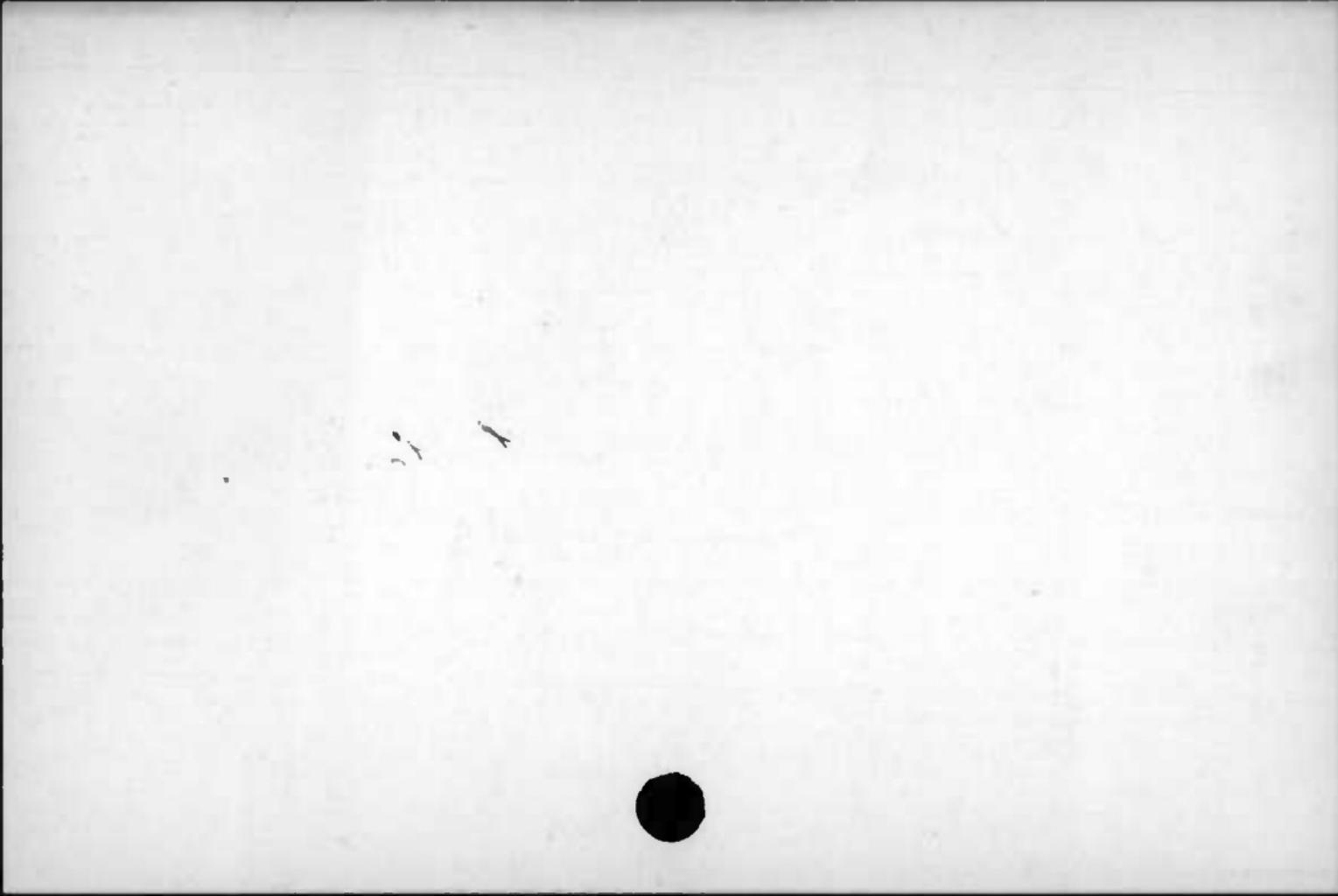
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Sept	25	Age	2	
Sex	Female	Color or Race	Black	Birth-place	Cal. lea.
Occupation	Wife	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frank Johnson		Father's Birthplace	Balto.	
Mother's Maiden Name	Mona Clay		Mother's Birthplace	Cal. lea	
Name of person giving Information	Frank Johnson		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Syphilis	(35)	How long
Immediate	Inflammation		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J.W. Leitch
		Address	Huntingtown
I			
Accident or Suicide?			



Name
in
Full

Ruth Isabel Lane

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Barstow	Calvert		9	Months	Days
Date of death	Month	Year	Age	—	—
1907	Sept	27	—	—	—
Sex	Color or Race	Birth-place			
Female	white	Calvert Co			
Occupation	Where Residing if not at place of death				
None					
Married, Single or Widowed	Name of Wife or Husband				
—	—				
Father's Name	Calvert Co				
lepharles Lane					
Mother's Maiden Name	AA Co				
Edna Humphreys					
Name of person giving information	How related				
—	Second				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Alcohtis

How long

2 mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

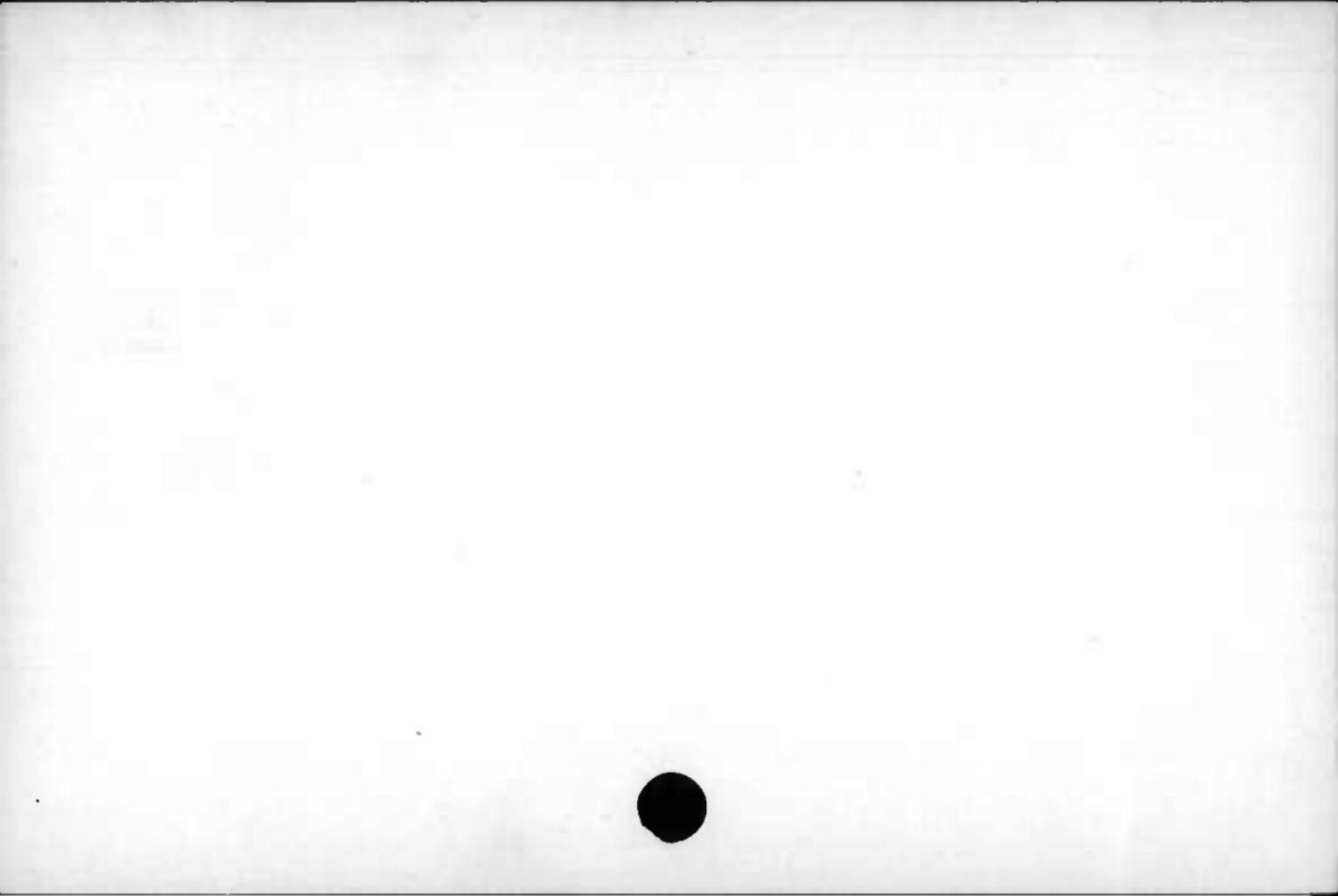
J. M. King MD

Address

Barstow and

Q

Accident or Suicide?



Name
in
Full

Lloyd Sly

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lo. Marlboro</u>		Town <u>Calverton</u> County		MARYLAND		
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>9</u>	Age <u>59</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Calverton Co</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Bristol, A.A. Co.</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ruth Sly -</u>					
Father's Name <u>Gatrel Sly</u>			Father's Birthplace <u>Calverton Co</u>			
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>			
Name of person giving Information <u>William M. Gibson</u>			How related to deceased <u>None</u>			

CAUSES OF DEATH

158

PHYSICIAN OR CORONER	Primary <u>-</u>	How long <u>-</u>
	Immediate <u>Drowning</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E.N. Newman</u>
		Address <u>Lo. Marlboro</u>
Accident or Suicide? <u>nd</u>		



Name
In
Full

Unnamed Infant of W. V. Watson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Prince George</u> County <u>Calvert</u>				MARYLAND		
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>28</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Calvert Co</u>				
Occupation <u>none</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband <u>—</u>					
Father's Name <u>Wm S. Watson</u>	Father's Birthplace <u>Calvert Co</u>					
Mother's Maiden Name <u>Mary L. Rawlings</u>	Mother's Birthplace <u>Calvert Co</u>					
Name of person giving information <u>Wm V Watson</u>	How related to deceased <u>Sister</u>					

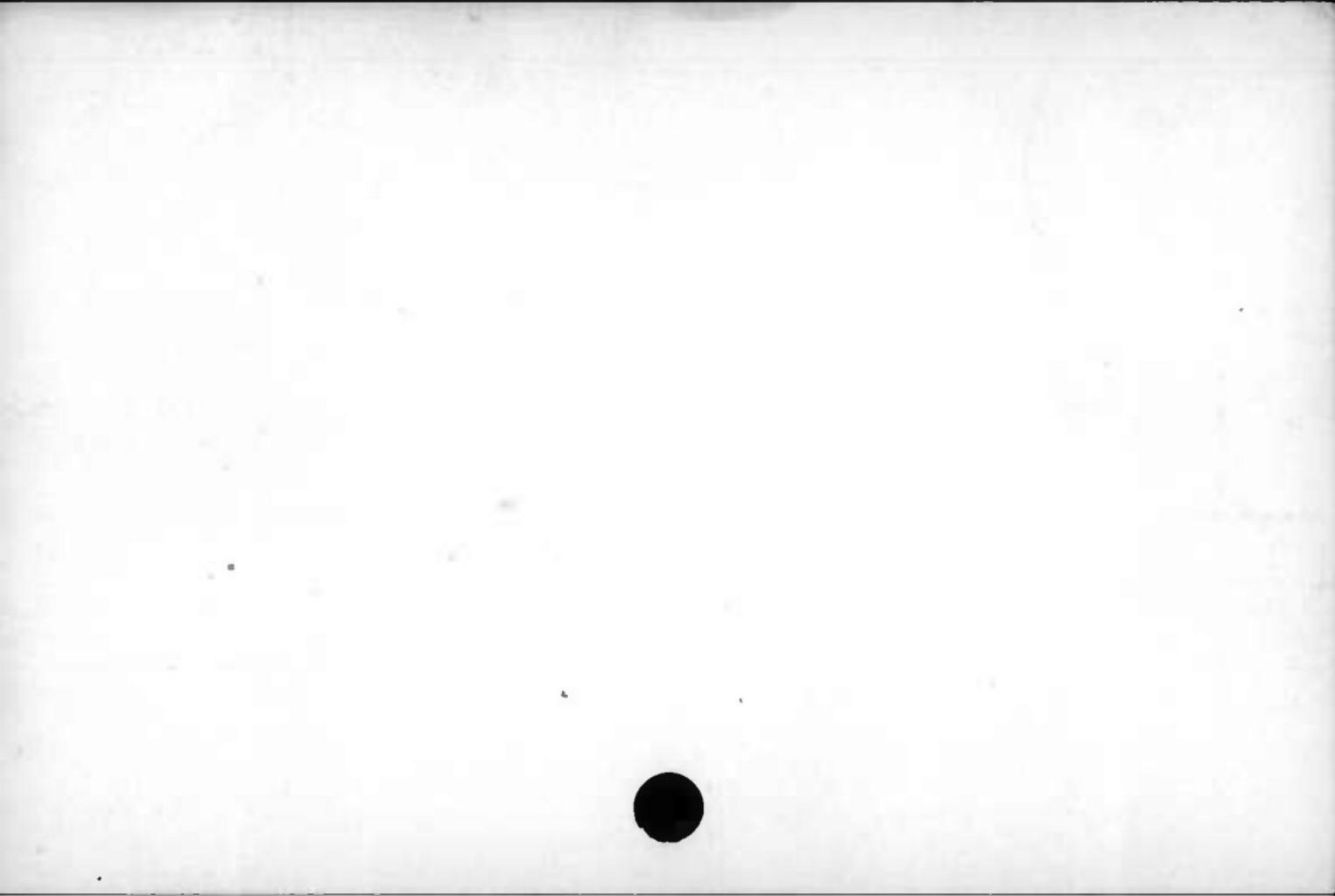
CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary <u>still born</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Isaac M. King
Barstow,



Name
in
Full

Jense Fenow Wroldsen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County			
Died at	Solomons	Calvert			
Date of death	Month	Day	Years	Months	Days
1907	Sept	10	2	8	-
Sex	Age	Color or Race	Birth-place		
Male	2	White	Calvert Co, Md		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Halvor Wroldsen			Father's Birthplace	Norway
Mother's Maiden Name	Mary J. Hopkins			Mother's Birthplace	Virginia
Name of person giving information	Mary J. Wroldsen			How related to deceased	Mother

CAUSES OF DEATH

(63)

PHYSICIAN
OR CORONER

Primary

Infantile Paralysis

How long

3 mos.

Immediate

Paralysis of Respiration

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. F Chambers MD
Lusby, Calvert Co
Md

Accident or Suicide?

